Case 18-10555-JNP Doc 77 Filed 08/19/21 Entered 08/19/21 16:24:41 Desc Main Document Page 1 of 7

Fill in this information to identify your case:						
Debtor 1	Michelle L. Meddi	ngs				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	ERSEY CAMDEN VICINAGE			
Case number	18-10555-JNP					
(if known)						

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Re as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct

	Your as	ssets If what you own
	\$	55,000.00
	\$	10,317.22
	\$	65,317.22
		abilities t you owe
Schedule D	\$	174,171.00
	\$	0.00
	\$	63,944.24
total liabilities \$		238,115.24
·		
	\$	5,389.61
	\$	4,807.00
ne court with your c	other sch	nedules.
ıa	ŕ	il primarily for a personal,

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 18-10555-JNP Doc 77 Filed 08/19/21 Entered 08/19/21 16:24:41 Desc Main Document Page 2 of 7

Debtor 1 Michelle L. Meddings Case number (if known) 18-10555-JNP

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______7,219.51

One Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	41,714.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	41,714.00

	in this information to otor 1	Michelle L. I								
_	otor 2 buse, if filing)					_				
		cy Court for the	: DISTRICT OF NEW J	ERSEY CAMDEN VI	CINAGE	·				
Cas	se number 18-	10555-JNP					Check if this i	s:		
(If kr	nown)			-			■ An ameno	ded filing		
									ng postpetition chapter following date:	
0	fficial Form	<u> 1061</u>					MM / DD/	YYYY		
S	chedule I: `	Your Inc	ome						12/1	15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	sible. If two married pec are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not inclu	spouse de infor	is liv matic	ing with you, inc on about your s _l	clude infor	mation about your ore space is needed,	
1.	Fill in your emplo	pyment		Debtor 1			Debtor	2 or non-f	iling spouse	
	If you have more t		Employment status	■ Employed			■ Employed			
	attach a separate information about		Employment status	☐ Not employed			☐ Not	employed		
	employers.		Occupation	Nurse						
	Include part-time, self-employed wor		Employer's name	Virtua Memorial	<u> </u>					
	Occupation may ir or homemaker, if i		Employer's address							
			How long employed t	here?						
Par	t 2: Give Det	ails About Mor	thly Income							
	mate monthly inco use unless you are s		ate you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 in th	ie space. In	clude your non-filing	
,	u or your non-filing : e space, attach a se	•	ore than one employer, co	ombine the information	n for all	emplo	oyers for that pers	son on the I	ines below. If you need	k
							For Debtor 1		ebtor 2 or ling spouse	
2.	, ,	· ·	ry, and commissions (becalculate what the month		2.	\$	7,160.46	\$	0.00	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00_	

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

7,160.46

0.00

Deb	tor 1	Michelle L. Meddings	_	C	ase number (if ki	nown)	18-10)555-JN	IP	
					For Debtor 1			Debtor 2		
	Cop	y line 4 here	4.		\$ 7,160	0.46	\$		0.00	-
5.	List	all payroll deductions:								
٠.	5a.	Tax, Medicare, and Social Security deductions	5a	1.	\$ 2,226	S 09	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		·	0.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	5c	: .	. —	0.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	5d	١.	\$	0.00	\$		0.00	-
	5e.	Insurance	5e) .	\$	0.00	\$		0.00	-
	5f.	Domestic support obligations	5f.			0.00	\$		0.00	_
	5g.	Union dues	5g		. —	1.76	\$		0.00	-
	5h.	Other deductions. Specify:	_ 5h	1.+	\$	0.00	+ \$		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$2,270	0.85	\$		0.00	-
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,889	9.61	\$		0.00	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a			0.00	\$		0.00	_
	8b.	Interest and dividends	8b).	\$	0.00	\$		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			_					
		settlement, and property settlement.	8c			0.00	\$		0.00	
	8d.	Unemployment compensation	8d			0.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e) .	\$	0.00	\$		0.00	-
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	_ 8g	J.	\$	0.00	\$		0.00	-
	8h.	Other monthly income. Specify:	8h	1.+	\$	0.00	+ \$		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5	0.00	\$		0.00	D
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	4,889.61	+ \$		0.00	= \$	4,889.61
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	4,003.01			0.00		4,003.01
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not excify: Contribution from separated husband	depe		• •			chedule		500.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	5,389.61
									Combir	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?					'	nontni	y income
	_	Yes Eynlain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Michelle L. Meddings		Che	eck if this is:	
				An amended filing	g
	otor 2				owing postpetition chapter
(Sp	ouse, if filing)			13 expenses as o	of the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF NEW JERSEY CAN VICINAGE	IDEN		MM / DD / YYYY	
	nown) 18-10555-JNP				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	Is this a joint case? ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Congrate House	hold of Dol	otor 2	
	Tes. Debiol 2 must file Official Form 1003-2, Expenses	ioi separate nouse.	nola oi Dei	DIOI 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		13	Yes
		Son		14	□ No ■ Yes
		Daughter		16	□ No ■ Yes □ No
3.	Do your expenses include expenses of people other than yourself and your dependents? It 2: Estimate Your Ongoing Monthly Expenses			_	_ □ Yes
Est	timate your expenses as of your bankruptcy filing date unless your so f a date after the bankruptcy is filed. If this is a suppolicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.)			Your ex	penses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4.	\$	987.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4a. 4b.	·	0.00 0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	:	200.00
	4d. Homeowner's association or condominium dues		4d.	\$	0.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5.	\$	0.00

Deb	tor 1	Michelle	e L. Meddings	Case nun	nber (if known)	18-10555-JNP
6.	Utilit	ties:				
	6a.	Electricity	, heat, natural gas	6a.	\$	320.00
	6b.	Water, se	wer, garbage collection	6b.	\$	110.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	280.00
	6d.	Other. Sp	ecify: Cell phones	6d.	\$	240.00
7.	Food	d and hous	sekeeping supplies	7.	\$	1,000.00
8.	Child	dcare and	children's education costs	8.	\$	0.00
9.	Clot	hing, launc	dry, and dry cleaning	9.	\$	200.00
10.	Pers	onal care	products and services	10.	\$	200.00
11.			ental expenses	11.	\$	100.00
			Include gas, maintenance, bus or train fare.		·	
			car payments.	12.	\$	320.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
			tributions and religious donations	14.	\$	0.00
15.	Insu	rance.	•		-	
	Do n	ot include i	nsurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insura	ance	15a.	\$	0.00
	15b.	Health ins	surance	15b.	\$	0.00
	15c.	Vehicle in	surance	15c.	\$	200.00
	15d.	Other insu	urance. Specify:	15d.	\$	0.00
16.			nclude taxes deducted from your pay or included in lines 4 or 20.		· —	
	Spec		Total takes assumed here your pay or moladed in miss 1 or 20.	16.	\$	0.00
17.	Insta	allment or I	ease payments:		·	
			ents for Vehicle 1	17a.	\$	0.00
			ents for Vehicle 2	17b.	\$	0.00
		Other. Sp		17c.	· —	0.00
		Other. Sp	•	17d.		0.00
18			s of alimony, maintenance, and support that you did not repor		Ψ	0.00
10.			your pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
19.			s you make to support others who do not live with you.	,-	\$	0.00
	Spec		, , , , , , , , , , , , , , , , , , , ,	19.	· 	
20.			perty expenses not included in lines 4 or 5 of this form or on 5	Schedule I: Y	our Income.	
			s on other property	20a.		0.00
		Real esta		20b.	\$	0.00
			homeowner's, or renter's insurance	20c.		0.00
			nce, repair, and upkeep expenses	20d.		0.00
			ner's association or condominium dues	20e.		0.00
21					+\$	300.00
۷١.		er: Specify:	Children's activities			
	Pet	care			+\$	150.00
22.	Calc	ulate your	monthly expenses			
	22a.	Add lines 4	through 21.		\$	4,807.00
			22 (monthly expenses for Debtor 2), if any, from Official Form 106.	J-2	\$	
				_	\$	4 007 00
	220.	Aud IIIle 22	a and 22b. The result is your monthly expenses.		Φ	4,807.00
23.	Calc	ulate your	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	\$	5,389.61
			r monthly expenses from line 22c above.	23b.	-\$	4,807.00
						.,
	23c.	Subtract v	your monthly expenses from your monthly income.			
			t is your monthly net income.	23c.	\$	582.61
24.			an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect			ease or decrease because of a
	modif	fication to the	terms of your mortgage?			
	■ N	lo.				
	□ Y		Explain here:			
		J				

Case 18-10555-JNP Doc 77 Filed 08/19/21 Entered 08/19/21 16:24:41 Desc Main Document Page 7 of 7

Fill in this informa	ation to identify your	case:		
Debtor 1	Michelle L. Meddi	ngs		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JE	RSEY CAMDEN VICINAGE	
	3-10555-JNP			
(if known)				■ Cł
				am

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read that they are true and correct. X /s/ Michelle L. Meddings	the summary and schedules filed with this declaration and